

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-006809**

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 25

AMENDED

**FILED MAR 13 1962**

1. <b>COUNTY</b> <b>Jackson</b>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. <b>STATE</b> <b>Missouri</b> b. <b>COUNTY</b> <b>Jackson</b>	
b. <b>CITY</b> (If outside corporate limits, give TOWNSHIP only) <b>Sn1-A-Bar</b> OR TOWN <b>R. R. #2, Blue Springs, Mo</b>		c. <b>CITY OR TOWN</b> <b>R. R. #2, Blue Springs, Mo</b>	
c. <b>FULL NAME OF</b> (If NOT in hospital, give location) <b>Woodchapel Rd</b>		d. <b>STREET ADDRESS</b> (If outside, give location) <b>Woods Chapel Road</b>	

3. <b>NAME OF DECEASED</b> (Type or print) First <b>Louis</b> Middle <b>David</b> Last <b>Kramer</b>			4. <b>DATE OF DEATH</b> Month <b>March</b> Day <b>2</b> Year <b>1962</b>		
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5. <b>SEX</b> <b>Male</b>	6. <b>COLOR OR RACE</b> <b>White</b>	7. <b>Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <b>8/31/1918</b>	9. <b>AGE</b> (last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>43</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HR Hours <b>0</b> Min. <b>0</b>
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10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Contractor</b>	10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <b>Building</b>	11. <b>BIRTHPLACE</b> (City and state or country) <b>Independence, Mo.</b>	12. <b>CITIZEN OF WHAT COUNTRY</b> <b>US</b>
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13a. <b>FATHER'S NAME</b> <b>Louis Kramer</b>	13b. <b>MOTHER'S MAIDEN NAME</b> <b>Margaret Moberly</b>	14. <b>NAME OF HUSBAND OR WIFE</b> <b>Lois Roberta Kramer</b>
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15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. <b>SOCIAL SECURITY NO.</b> <b>[REDACTED]</b>	17. <b>INFORMANT</b> <b>Louis Kramer</b>	<b>Address</b> <b>2315 Claremont</b>
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18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock &amp; Hemorrhage resulting from</b> <b>Gun shot wound chest, bullet passing</b> <b>Throat into lungs &amp; heart</b>		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input checked="" type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b>Shot in chest</b>
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20c. <b>TIME OF INJURY</b> Hour <b>3</b> a.m. <b>2</b> p.m. <b>62</b>	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	20f. <b>CITY, TOWN, OR LOCATION</b> <b>Jackson</b>	20g. <b>COUNTY</b> <b>Jackson</b>	20h. <b>STATE</b> <b>Mo</b>
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21. <b>I attended the deceased from</b> _____, to _____, and last saw her alive on _____.	Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22. <b>SIGNATURE</b> (Degree or title) <b>Dr. C. L. Coffey, M.D.</b>	22b. <b>ADDRESS</b> <b>6627 Prospect Ave</b>	22c. <b>DATE SIGNED</b> <b>3-2-62</b>
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23a. <b>BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	23b. <b>DATE</b> <b>3/5/62</b>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <b>Woodlawn Cem.</b>	23d. <b>LOCATION</b> (City, town, or county) (State) <b>Independence, Missouri</b>
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24. <b>FUNERAL DIRECTOR</b> <b>Mayfield</b>	<b>ADDRESS</b> <b>1600 Main Blue Springs, Mo</b>	25. <b>DATE RECD. BY LOCAL REG.</b> <b>3-3-62</b>	26. <b>REGISTRAR'S SIGNATURE</b> <b>W B Langford</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 14 1962

APR 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Mayfield

Licensed Embalmer No. 4638

P. O. Address Blue Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.